

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE ALLERGY/IMMUNOLOGY ENCOUNTER RECORD (Follow up)	OTSG APPROVED (Date)																
1. Problem, complaint or reason for this visit (Include procedures.)	1a. Code <table border="1" style="width: 100%; height: 100px; border-collapse: collapse;"> <tr><td style="width: 25%; height: 25px;"></td><td style="width: 25%; height: 25px;"></td><td style="width: 25%; height: 25px;"></td><td style="width: 25%; height: 25px;"></td></tr> <tr><td style="height: 25px;"></td><td style="height: 25px;"></td><td style="height: 25px;"></td><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td><td style="height: 25px;"></td><td style="height: 25px;"></td><td style="height: 25px;"></td></tr> <tr><td style="height: 25px;"></td><td style="height: 25px;"></td><td style="height: 25px;"></td><td style="height: 25px;"></td></tr> </table>																
Is this an injury-related visit? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
2. Laboratory test request (Draw a single slash "/" through the box to order, draw a circle "O" around the box for stat.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Skin test, immediate <input type="checkbox"/> Skin test, delayed (I-PPD, SK/SD mumps, trichophyton, candida) <input type="checkbox"/> CBC <input type="checkbox"/> Ischemagglutinins <input type="checkbox"/> Mecholy challenge <input type="checkbox"/> VDRL <input type="checkbox"/> C3 + C4 <input type="checkbox"/> Total IG-E <input type="checkbox"/> Throat culture <input type="checkbox"/> Nasal culture <input type="checkbox"/> Other: </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Mecholy skin test <input type="checkbox"/> ESR <input type="checkbox"/> Urinalysis <input type="checkbox"/> SMA-12/60 <input type="checkbox"/> FANA <input type="checkbox"/> Serum protein electrophoresis <input type="checkbox"/> CRYOGLOB + CRYOFIB <input type="checkbox"/> Sputum culture <input type="checkbox"/> Immunotherapy <input type="checkbox"/> Other: </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Patch test <input type="checkbox"/> Nasal smear <input type="checkbox"/> Total ECS.CT. <input type="checkbox"/> Pulmonary functions <input type="checkbox"/> HAA <input type="checkbox"/> RF <input type="checkbox"/> Quantitative serum immunoglobulins <input type="checkbox"/> RAST: <input type="checkbox"/> Urine culture <input type="checkbox"/> Other: <input type="checkbox"/> Other: </td> </tr> </table>		<input type="checkbox"/> Skin test, immediate <input type="checkbox"/> Skin test, delayed (I-PPD, SK/SD mumps, trichophyton, candida) <input type="checkbox"/> CBC <input type="checkbox"/> Ischemagglutinins <input type="checkbox"/> Mecholy challenge <input type="checkbox"/> VDRL <input type="checkbox"/> C3 + C4 <input type="checkbox"/> Total IG-E <input type="checkbox"/> Throat culture <input type="checkbox"/> Nasal culture <input type="checkbox"/> Other:	<input type="checkbox"/> Mecholy skin test <input type="checkbox"/> ESR <input type="checkbox"/> Urinalysis <input type="checkbox"/> SMA-12/60 <input type="checkbox"/> FANA <input type="checkbox"/> Serum protein electrophoresis <input type="checkbox"/> CRYOGLOB + CRYOFIB <input type="checkbox"/> Sputum culture <input type="checkbox"/> Immunotherapy <input type="checkbox"/> Other:	<input type="checkbox"/> Patch test <input type="checkbox"/> Nasal smear <input type="checkbox"/> Total ECS.CT. <input type="checkbox"/> Pulmonary functions <input type="checkbox"/> HAA <input type="checkbox"/> RF <input type="checkbox"/> Quantitative serum immunoglobulins <input type="checkbox"/> RAST: <input type="checkbox"/> Urine culture <input type="checkbox"/> Other: <input type="checkbox"/> Other:													
<input type="checkbox"/> Skin test, immediate <input type="checkbox"/> Skin test, delayed (I-PPD, SK/SD mumps, trichophyton, candida) <input type="checkbox"/> CBC <input type="checkbox"/> Ischemagglutinins <input type="checkbox"/> Mecholy challenge <input type="checkbox"/> VDRL <input type="checkbox"/> C3 + C4 <input type="checkbox"/> Total IG-E <input type="checkbox"/> Throat culture <input type="checkbox"/> Nasal culture <input type="checkbox"/> Other:	<input type="checkbox"/> Mecholy skin test <input type="checkbox"/> ESR <input type="checkbox"/> Urinalysis <input type="checkbox"/> SMA-12/60 <input type="checkbox"/> FANA <input type="checkbox"/> Serum protein electrophoresis <input type="checkbox"/> CRYOGLOB + CRYOFIB <input type="checkbox"/> Sputum culture <input type="checkbox"/> Immunotherapy <input type="checkbox"/> Other:	<input type="checkbox"/> Patch test <input type="checkbox"/> Nasal smear <input type="checkbox"/> Total ECS.CT. <input type="checkbox"/> Pulmonary functions <input type="checkbox"/> HAA <input type="checkbox"/> RF <input type="checkbox"/> Quantitative serum immunoglobulins <input type="checkbox"/> RAST: <input type="checkbox"/> Urine culture <input type="checkbox"/> Other: <input type="checkbox"/> Other:															
3. Radiology request (Draw a single slash "/" through the box to order, draw a circle "O" around the box for stat.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> PA and Lateral chest x-ray </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Sinus series </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Other: </td> </tr> </table>		<input type="checkbox"/> PA and Lateral chest x-ray	<input type="checkbox"/> Sinus series	<input type="checkbox"/> Other:													
<input type="checkbox"/> PA and Lateral chest x-ray	<input type="checkbox"/> Sinus series	<input type="checkbox"/> Other:															
4. Referrals																	
5. Patient instructions																	
6. Disposition: <input type="checkbox"/> Return to clinic in <input type="checkbox"/> Return PRN <input type="checkbox"/> Admit to <input type="checkbox"/> Transfer to another clinic within this MTF () <input type="checkbox"/> Other:																	

 Records: ☐ KACC ☐ Other: _____
☐ Appointment ☐ Walk-in ☐ Consult ☐ Complete exam

(Continue on reverse)

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC	DATE		
PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> HISTORY/PHYSICAL <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> DIAGNOSTIC STUDIES <input type="checkbox"/> TREATMENT </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> FLOW CHART <input type="checkbox"/> OTHER (Specify) </td> </tr> </table>			<input type="checkbox"/> HISTORY/PHYSICAL <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> DIAGNOSTIC STUDIES <input type="checkbox"/> TREATMENT	<input type="checkbox"/> FLOW CHART <input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> HISTORY/PHYSICAL <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> DIAGNOSTIC STUDIES <input type="checkbox"/> TREATMENT	<input type="checkbox"/> FLOW CHART <input type="checkbox"/> OTHER (Specify)			

ALLERGY/IMMUNOLOGY ENCOUNTER RECORD (Follow up) - <i>Continued</i>	
--	--

7. Medications prescribed or deleted

[illegible]

8. Record of medical care

a. Vital signs:	Height:	Weight:	BP:	Pulse:	Resp:	Pain (0-10):
-----------------	---------	---------	-----	--------	-------	--------------

b. Comments on examination:	
-----------------------------	--

[illegible]